

STATE CONVENTION FACILITY DEVELOPMENT TAX RETURN

Issued under P.A. 106 of 1985. Filing is mandatory. Failure to file may result in penalty and interest.

Due: 15th of each month.

Hotel Name		Return Period (month/year)	Account No. (same as use tax number)	
Registered Business Name (or DBA)		<ol style="list-style-type: none">1. Number of guest rooms2. Amount of monthly room charges3. Tax rate (see chart)4. Multiply line 2 by line 35. Applicable penalty and interest6. Tax Due. Add lines 4 and 5		
Street Address, City, State ZIP				
Authorized Signature				Date
Telephone No. ()				

Make check payable to: **State of Michigan**
Mail to: Michigan Department of Treasury
P.O. Box 12216
Lansing, MI 48901

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